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AUTHOR Snyder, Douglas K.
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ABSTRACT

Marital satisfaction, involving 150 couples selected at-large and 40 couples in therapy, was investigated in two studies. An initial focus was the development of a 280-item Marital Satisfaction Inventory (MSI) including one validity scale, one global affective scale, and nine additional scales focusing on specific areas of marital interaction. Correlational analyses confirmed that measures of communication are the best single predictors of global marital satisfaction. Profile analyses demonstrated the ability of the MSI to discriminate between couples in therapy and a matched control group. General indications for clinical use of the instrument as an assessment and therapeutic tool suggest that it more clearly directs the focus of therapeutic intervention. (Author)

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Clinical Use of A Multidimensional Measure of Marital Satisfaction[1]

Douglas K. Snyder[2]

University of North Carolina

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[1] This paper was presented at the 86th Annual Convention of the American Psychological Association in Toronto, August, 1978. Research was conducted during 1976 and 1977 as part of the author's doctoral dissertation at the University of North Carolina at Chapel Hill.

[2] Department of Psychology, Wayne State University, Detroit, Michigan 48202.

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Abstract

Two studies were conducted involving 150 couples selected at-large and 40 couples in therapy. An initial focus of the studies was the development of a 280-item Marital Satisfaction Inventory (MSI) including one validity scale, one global affective scale, and nine additional scales focusing on specific areas of marital interaction. Correlational analyses confirm that measures of communication are the best single predictors of global marital satisfaction. Profile analyses demonstrate the ability of the MSI to discriminate between couples in therapy and a matched control group. Implications for clinical use of the instrument as an assessment and therapeutic tool are discussed.

Clinical Use of a Multidimensional Measure of Marital Satisfaction

A review of the literature on marital assessment reveals serious deficiencies in traditional measures of marital satisfaction. The most widely used techniques are global measures which fail to provide a comparative assessment of different dimensions of marital interaction. In areas for which well-designed measures are lacking, both researchers and clinicians have far too often been willing to measure entire dimensions with single face-valid questions disregarding both the complexity of the area being assessed and the validity of the individual's responses. Overall, the entire area of marital assessment has suffered from the absence of a comprehensive multidimensional measure with well-constructed norms to permit the simultaneous assessment of a broad range of dimensions in marriage as these relate to global marital satisfaction.

In an attempt to improve the current status of marital assessment, two separate studies were conducted involving more than 150 couples selected at-large and an additional 40 couples in therapy. The purposes of these studies were threefold. The initial effort involved the development of a multidimensional self-report measure of marital satisfaction including one global affective scale, one validity scale, and nine additional scales focusing on specific dimensions of marital interaction. This inventory was then administered to nearly two hundred couples. Subsequent correlational analyses were used to determine the relative ability of each of these scales to predict three independent criteria of marital satisfaction. Finally, profile analyses were

conducted to determine the extent to which overall profiles as well as individual scales discriminate between couples in therapy and a matched control group of couples not previously in therapy. Clinical descriptions of couples by their therapists were utilized in expanding the construct validity of the newly constructed instrument and in evaluating its usefulness as a therapeutic as well as an assessment technique.

Study 1

The first study served as a pilot investigation and involved 55 couples, 13 of whom were in therapy. Primary emphasis was on the initial construction of the Marital Satisfaction Inventory (MSI) with the use of item- and factor analyses in a revision of the instrument for the subsequent study. Secondary attention was given to exploratory correlational and profile analyses.

Method

The measures. Initial development of the MSI involved the construction of a large pool of test items reflecting various dimensions of marital interaction. A total of 440 true-false items were collected and divided into 11 nonoverlapping scales, each counterbalanced for scoring in the true and false directions. These scales assessed the following areas:

1. Conventionalization (CNV) - The items comprising this validity scale developed by Edmonds (1967) reflect subjects' tendencies to distort the appraisals of their marriages in socially desirable directions.

2. Global Distress (GDS) - Items reflect the individual's overall dissatisfaction with the marriage.

3. Affective Communication (AFC) - Items assess the individual's general dissatisfaction with the amount of affection and understanding expressed by the spouse.

4. Problem-Solving Communication (PSC) - Items assess the ineffectiveness of problem-solving communication and an inability to resolve disagreements.

5. Time Together (TTO) - Items reflect a lack of common interests and dissatisfaction with the quality and quantity of leisure time together.

6. Disagreement About Finances (FIN) - Items assess reported disagreement about the management of family finances.

7. Sexual Dissatisfaction (SEX) - Items assess dissatisfaction with the frequency and quality of intercourse and other sexual activity.

8. Role-Orientation (ROR) - Items measure the adoption of a traditional versus nonconventional orientation towards marital and parental sex-roles. Items are scored in the direction of nonconventionality.

9. Family History of Distress (FAM) - Items reflect reports of an unhappy childhood and disharmony in the marriages of the subject's parents and extended family.

10. Dissatisfaction With Children (DSC) - Items reflect parental dissatisfaction or disappointment with children.

11. Conflict Over Childrearing (CCR) - Items assess spousal conflict regarding childrearing practices.

In addition to the Marital Satisfaction Inventory, all subjects completed the Locke-Wallace Marital Adjustment Test (MAT) and a

biographic questionnaire.

Subjects. In this pilot study, 42 couples were selected at-large from a predominantly university-oriented community. An additional 13 couples in therapy were obtained from a variety of mental health resources ranging from therapists in private practice to community-based clinics.

Procedure. The transfer of all materials to and from couples in therapy was handled by their therapists. For the remaining 42 couples, research materials were delivered to their homes and collected the following evening. All couples were invited to comment upon individual items or the instrument in general. Clinical impressions of couples in therapy were obtained from therapists.

Results

Using the responses of all 55 couples, scores on the Marital Satisfaction Inventory were correlated with the GDS scale of the MSI and with the Locke-Wallace MAT. Scores on the MSI for couples in therapy and the matched control sample were correlated with the criterion of whether or not the individual was in marital counseling. Results of correlational analyses are summarized in Table 1. A rank-ordering of correlations indicates that measures of a couple's affective and problem-solving communication are consistently the best single predictors of overall marital satisfaction across all three criteria. These scales are closely followed in predictiveness by spouses' common interests and the amount and quality of leisure time together. Next in importance are partners' satisfaction with their sexual relationship and the extent to which they experience agreement about finances. Last in rank-order of significant

predictors are a couple's agreement in childrearing practices and their own individual family histories of marital and family disruption. Partialling out variance associated with a social-desirability response set in general had little effect on the statistical significance or rank-ordering of correlations of the scale scores with global criteria.

Multivariate analyses of group mean profiles indicate that couples' scale scores on this initial version of the Marital Satisfaction Inventory significantly discriminate between couples in therapy and matched control couples, F (11, 40) = 15.855, $p < .001$. Additional analyses of individual scales reveal significant differences between groups on each scale except Role-Orientation and the two child-related measures.

Study 2

The second study entailed a revision of the Marital Satisfaction Inventory and administration of the revised instrument to new samples of 115 couples selected at-large and an additional 30 couples in therapy. Attention was also given to the construction of norms for both the standardization and therapy samples and to the establishment of reliability indexes. Correlational and profile analyses of the prior study were replicated on the new samples and permitted a comparison of revised MSI scales with original scales in the prediction of global criteria.

Method

The measures. Revision of the MSI was based primarily upon item analyses of the first study and aimed at the elimination of duplicate items and items contributing primarily to error variance. The inventory was reduced in overall length from 440 to 280 items while retaining the

11 original scales. Rescoring subjects from the first study on revised scales and then correlating these revised scores with original scores showed the retention of over 90% of the predictive variance for each scale.

As in the first study, subjects also completed the Locke-Wallace MAT and a biographic questionnaire.

Subjects. A standardization sample of 115 couples was carefully constructed using a stratified systematic sampling design. Couples were selected from a community more representative than the first and were chosen in a manner which permitted greater control over the socio-economic and demographic characteristics of the normalization group. The sample of 30 couples in therapy was obtained in a manner identical to that of the first study.

Procedure. The transfer of materials to and from couples in therapy was handled by their therapists. Materials were delivered to the 115 normalization couples at their homes and collected later that same evening. Thirty-seven couples in the standardization sample were contacted a second time approximately six weeks after originally completing all materials, and completed the revised Marital Satisfaction Inventory a second time.

Results

Results of the second study generally revealed a sharp improvement in the psychometric characteristics and the predictive and discriminatory power of the revised Marital Satisfaction Inventory. Biserial correlations of items with respective scale scores ranged from .40 to .95 with a mean of approximately .75. Data from the 37 couples who completed the MSI a second time yielded test-retest reliability indexes for individual

scales averaging .89.

Results of correlational analyses are summarized in Table 2. Again, measures of affective and problem-solving communication are the best single predictors of global marital satisfaction followed closely by the amount and quality of leisure time together. Sexual satisfaction and agreement about finances continue to predict global marital happiness at a highly significant level. In addition, a sharp increase is observed in this second study in the predictiveness of both child-related scales across all three criteria. History of family disruption correlates moderately with global measures of marital satisfaction prior to partialling out conventionalization (CNV). As in the first study, partialling out a social-desirability response set tends to reduce correlations by .10 to .20, but in general alters neither the overall significance nor the rank-ordering of scales' predictiveness.

Multivariate analyses of group mean profiles reveal significant differences between sexes occurring primarily on the measure of sexual dissatisfaction, with husbands expressing greater discontent in this area, F (11, 210) = 4.614, $p < .001$. Group mean profiles for 30 couples in therapy and 30 matched control couples not previously in therapy are shown in Figure 1, with tests of individual means summarized in Table 3. Results confirm the overall ability of the Marital Satisfaction Inventory to discriminate between the two groups, F (11, 108) = 31.833, $p < .001$, with nine of 11 scales discriminating at $p < .001$.

Discussion

Clinical impressions supplement empirical findings in supporting the usefulness of the Marital Satisfaction Inventory as both a clinical

and a research instrument. The paramount ability of scales measuring affective and problem-solving communication to predict global criteria was not unexpected, since skills in communication provide the means for resolution of differences and increased satisfaction across a broad spectrum of marital interaction. On the other hand, such areas as sexual satisfaction or agreement about childrearing may directly affect global marital happiness but do not necessarily influence or determine satisfaction within other areas of the marriage. Similarly, family history of disruption and role-orientation are found to influence marital satisfaction, but in a manner less direct and less predictive than other more central measures of spousal interaction.

Indications for clinical use of the instrument are of primary importance. As a multidimensional measure, the Marital Satisfaction Inventory more clearly directs the focus of therapeutic intervention. It permits the comparison of scores from husbands and wives and enables each to be compared both with couples in therapy and couples selected at-large. As a diagnostic and therapeutic procedure, the MSI has been used in the initial phases of therapy in discussing with couples their presenting complaints and in formulating therapeutic goals; it has been used at termination in the evaluation of changes in spousal interaction that may have occurred. Finally, the inventory has been used didactically with couples in reviewing the essential components of effective communication.

Research currently in progress involves expanding the validity of the Marital Satisfaction Inventory by administering the instrument to couples with specific problems such as finances, childrearing, or the

sexual relationship and by comparing other MSI scales with behavioral and observational measures. Additional research is planned which emphasizes use of the MSI as a criterion measure in studies comparing various marital therapies, the effects of anticipatory guidance programs, and changes in marital satisfaction across the family life cycle.

References

Edmonds, V. H. Marital conventionalization: Definition and measurement. Journal of Marriage and the Family, 1967, 29, 681-688.

Table 1

Study 1: Correlations of MSI Scales With Three Independent Measures of Global Marital Satisfaction

Scale	Global Criteria		
	GDS[a]	MAT[a]	Therapy[b]
CNV	-.69*	-.68*	-.64*
GDS	---	.86*	.82*
AFC	.79*	.78*	.65*
PSC	.80*	.76*	.64*
TTO	.69*	.68*	.50*
FIN	.57*	.50*	.35*
SEX	.56*	.61*	.50*
ROR	.20	.19	.17
FAM	.20	.21	.31
DSC	.22	.11	.03
CCR	.31*	.24	.12
MAT	.86*	---	.71*

Note. Global criteria included the GDS scale of the MSI, the Locke-Wallace MAT, and a therapy criterion using matched groups.

[a] n = 110 (90 for DSC and CCR).

[b] n = 52 (40 for DSC and CCR).

*$p < .01$.

Table 2

Study 2: Correlations of Revised MSI Scales With Three Independent Measures of Global Marital Satisfaction

Scale	Global Criteria		
	GDS[a]	MAT[a]	Therapy[b]
CNV	-.68*	-.71*	-.67*
GDS	---	.90*	.83*
AFC	.76*	.77*	.71*
PSC	.77*	.78*	.71*
TTO	.73*	.73*	.62*
FIN	.42*	.46*	.43*
SEX	.53*	.59*	.53*
ROR	.10	.08	.19
FAM	.25*	.26*	.22
DSC	.33*	.37*	.47*
CCR	.52*	.57*	.49*
MAT	.90*	---	.79*

Note. Global criteria included the GDS scale of the MSI, the Locke-Wallace MAT, and a therapy criterion using matched groups.

[a] n = 282 (194 for DSC and CCR).

[b] n = 120 (68 for DSC and CCR).

*$p < .01$.

Table 3

Study 2: Mean Scale Scores for 30 Couples in Therapy and 30 Matched Control Couples Not in Therapy

Scale	Mean Scale Scores		
	Therapy	Control	t^a
CNV	2.2	10.0	9.73**
GDS	26.6	4.0	16.16**
AFC	14.4	3.4	10.81**
PSC	22.8	9.3	10.83**
TTO	11.2	4.4	8.61**
FIN	6.1	2.7	5.11**
SEX	14.1	6.7	6.85**
ROR	18.0	15.7	2.10*
FAM	7.6	5.8	2.45*
DSC	5.7	2.6	4.33**
CCR	6.1	2.3	4.57**

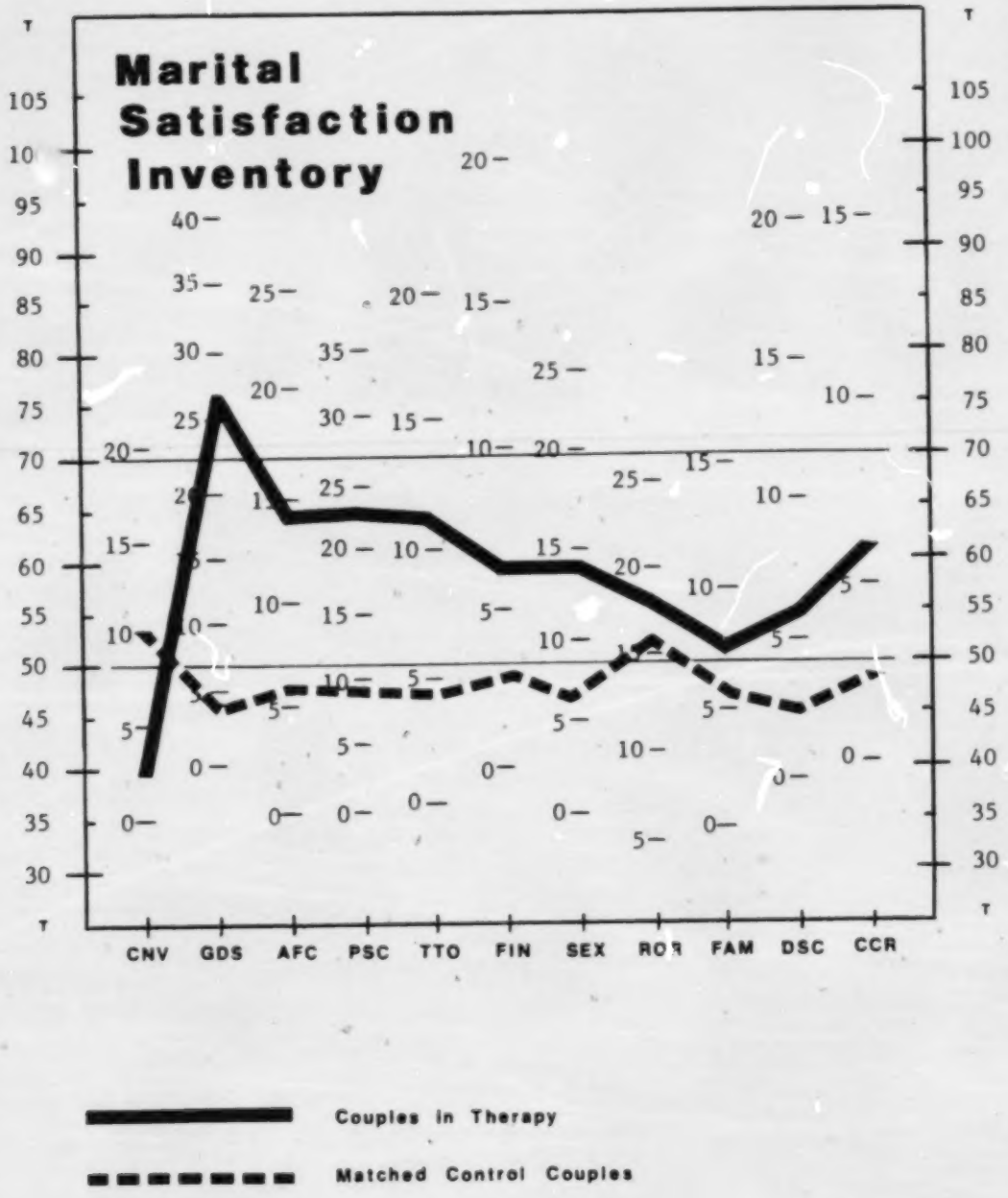
[a]Degrees of Freedom = 118 (66 for DSC and CCR).

*$p < .05$.

**$p < .001$.

Figure Caption

Figure 1. Group mean profiles for 30 couples in therapy and 30 matched control couples not in therapy.


Marital Satisfaction Inventory
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CNV
GDS
AFC
PSC
TTO
FIN
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DSC
CCR
Couples in Therapy
Matched Control Couples